

REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28340
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 832
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wale William Mitchell 32 U

(a) Residence, No. _____ St. Grant City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 11 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Worth Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME Robert P. Mitchell

14. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Audrey Drummond

16. BIRTHPLACE (CITY OR TOWN) Worth Co. (STATE OR COUNTRY) Missouri

17. INFORMANT Robert P. Mitchell (ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City Mo DATE Aug 9 1938

19. FUNERAL DIRECTOR'S Heaton Begett Bowman (ADDRESS) St. Joseph, Mo.

20. FILED AUG 10 1938 H. Nestlefish Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/3 1938 to 8/9/ 1938
I last saw him alive on 8/9 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

gunshot wound of left shoulder Date of onset 8/3/38
184

Other contributory causes of importance; Gas Bacillus infection

Name of operation Amputation Date of 8/9/38
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 8/9/38 Date of injury _____
Where did injury occur? home near Grant City Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gunshot
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Jacob Kulowski, M. D.
(Address) St. Joseph, Mo.

WHITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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